



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning 2010, and ending ,

B Check if applicable	C Name of organization THE SERVICE CLUB OF CHICAGO			D Employer Identification Number 36-6055873
<input checked="" type="checkbox"/> Address change	Doing Business As			E Telephone number (312) 220-9600
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street addr) 875 N. MICHIGAN			Room/suite 3100
<input type="checkbox"/> Initial return	City, town or country CHICAGO			State ZIP code + 4 IL 60611
<input type="checkbox"/> Terminated				G Gross receipts \$ 522,994.
<input type="checkbox"/> Amended return				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer PEGGY MARTAY 875 N. MICHIGAN CHICAGO IL 60611			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ►
J Website: ► N/A				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of Formation 1938			M State of legal domicile IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RENDERING FINANCIAL ASSISTANCE TO CHICAGOLAND AREA CHARITABLE AGENCIES			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	12	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5		
	6 Total number of volunteers (estimate if necessary)	6	25	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b		
	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
9 Program service revenue (Part VIII, line 2g) REVISED			519,764.	
10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 7d)			3,230.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11e)				
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			522,994.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			259,885.	
14 Benefits paid to or for members (Part IX, column (A), line 4)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
16a Professional fundraising fees (Part IX, column (A), line 11e)				
b Total fundraising expenses (Part IX, column (D), line 25) ► 0.				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			282,092.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			541,977.	
19 Revenue less expenses Subtract line 18 from line 12			-18,983.	
Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year
	21 Total liabilities (Part X, line 26)	657,560.		638,577.
	22 Net assets or fund balances Subtract line 21 from line 20	657,560.		638,577.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	► <u>x Lisa Kraus</u>	Date <u>6-19-11</u>
	Signature of officer	
	► <u>x Lisa Kraus</u> Treasurer	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Michael Wallat	Preparer's signature <u>Michael Wallat</u>	Date <u>6/6/11</u>	Check <input type="checkbox"/> if self-employed	PTIN _____
	Firm's name ► PRM, LTD				
	Firm's address ► 15 SPINNING WHEEL ROAD, SUITE 415 HINSDALE IL 60521	Firm's EIN ►		Phone no (630) 887-1262	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 12/21/10

Form 990 (2010)

3 617

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:RENDERING FINANCIALASSISTANCE TO CHICAGOLAND AREA CHARITABLE AGENCIES2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported4a (Code _____) (Expenses \$ 541,976. including grants of \$ 259,884.) (Revenue \$ 522,994.)
DONATED FUNDS TO MANY ORGANIZATIONS LOCATED IN THE CHICAGO AREA

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 541,976.

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1 X
- 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 X
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 X
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X
- 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 X
- 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X
- 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
 - a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X
 - b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11b X
 - c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11c X
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 11d X
 - e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11e X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11f X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12a X
- 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X
- 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV 14b X
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 X
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV 16 X
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 X
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X
- 20a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20a X
 - b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) 20b

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III

23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)

a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

	Yes	No
21	X	
22	X	
23	X	
24a	X	
24b		
24c		
24d		
25a	X	
25b	X	
26	X	
27	X	
28a	X	
28b	X	
28c	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35	X	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36		X
37		X
38	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If 'Yes,' enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	6a	X
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6b	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7 Organizations that may receive deductible contributions under section 170(c).	7b	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7f	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	10a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	11a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	12a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	13a	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13b	
<i>Note. See the instructions for additional information the organization must report on Schedule O</i>	13c	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14a	X
c Enter the amount of reserves on hand	14b	
14a Did the organization receive any payments for indoor tanning services during the tax year?		
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 12	
1b	Enter the number of voting members included in line 1a, above, who are independent	1b 12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers of key employees of the organization	15b	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
► LYNDY SILVERMAN 333 N. MICHIGAN AVE CHICAGO IL 60601 (312) 664-5857

Part VII: Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'

- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees; and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Ex. Director	Individual trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PEGGY MARTAY PRESIDENT	10.00	X						0.	0.	0.
(2) CONSTANCE SAVILLE V. PRESIDENT	10.00	X						0.	0.	0.
(3) LORI DANIELS V.P. MEMBERSHIP	8.00	X						0.	0.	0.
(4) STACIE MCCLANE V.P. MEMBERSHIP	8.00	X						0.	0.	0.
(5) PAT MAXWELL V.P. OPERATIONS	3.00	X						0.	0.	0.
(6) CINDY BURNS V.P. DEVELOPMENT	3.00	X						0.	0.	0.
(7) MYRA REILLY V.P. DEVELOPMENT	3.00	X						0.	0.	0.
(8) SHARYL MACKEY V.P. COMMUNICATIONS	3.00	X						0.	0.	0.
(9) DIANE OLSEN TREASURER	3.00	X						0.	0.	0.
(10) KATHERINE SAVILLE ASS. TREASURER	1.00		X					0.	0.	0.
(11) SYLVIA MULLER EXECUTIVE SEC.	1.00		X					0.	0.	0.
(12) SIMONA GARCIA ASSISTANT SEC.	1.00		X					0.	0.	0.
(13) SALLY JOE MORRIS DIR. OF BENEFIT	1.00		X					0.	0.	0.
(14) VONITA REESCR DIR. OF BENEFIT	1.00		X					0.	0.	0.
(15) EVIE GLIEBERMAN DIR. OF EDUCATION	1.00		X					0.	0.	0.
(16) MARY LASKY DIR. OF EDUCATION	1.00		X					0.	0.	0.
(17) LYNDA SILVERMAN DIR. OF EDUCATION	1.00		X					0.	0.	0.

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe for related organizations in Sch O)	(c) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(18) DUSTY STEMER DIR. OF EDUCATION	1.00		X				0.	0.	0.
(19) SHERRILL BODINE DIR. PHILANTHROPY	1.00		X				0.	0.	0.
(20) MARIA CIECIURA DIR. OF PHILANTHROPY	1.00		X				0.	0.	0.
(21) SHARI SNOW DIR. OF PHILANTROPY	1.00		X				0.	0.	0.
(22) JEAN ANTONIOU DIR. OF PROGRAMMING	1.00		X				0.	0.	0.
(23) HAZEL BARR DIR. OF PROGRAMMING	1.00		X				0.	0.	0.
(24) LAURIE DAVIS NEWSLETTER	1.00		X				0.	0.	0.
(25)									
(26)									
(27)									
(28)									
(29)									
1b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

Yes No

3

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

4

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

5

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VIII | Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a			
	b Membership dues	1b	38,950.		
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	480,814.		
	g Noncash contributions included in lns 1a-1f: \$				
	h Total. Add lines 1a-1f		519,764.		
PROGRAM SERVICE REVENUE	2a COMMITTEE FUNCTIONS	Business Code 3230	3,230.	3,230.	0.
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		3,230.		
	3 Investment income (including dividends, interest and other similar amounts)				
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross Rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c).	a				
See Part IV, line 18					
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		522,994.	3,230.	0.	0.
12 Total revenue. See instructions					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	259,885.	259,885.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a COMMITTEE	22,359.	0.	22,359.	0.
b BANK CHARGES	522.	0.	522.	0.
c INSURANCE	3,176.	0.	3,176.	0.
d OFFICE SUPPLIES	1,816.	0.	1,816.	0.
e MISCELLANEOUS	3,099.	0.	3,099.	0.
f All other expenses	251,120.	0.	251,120.	0.
25 Total functional expenses. Add lines 1 through 24f	541,977.	259,885.	282,092.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

BAA

Form 990 (2010)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1 Cash – non-interest-bearing	657,560.	1	638,577.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation.	10b		10c	
	11 Investments – publicly traded securities			11	
	12 Investments – other securities See Part IV, line 11			12	
	13 Investments – program-related See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets See Part IV, line 11			15	
16 Total assets Add lines 1 through 15 (must equal line 34)		657,560.	16	638,577.	
LIABILITIES	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25		0.	26	0.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
		27 Unrestricted net assets	533,134.	27	506,220.
		28 Temporarily restricted net assets	124,426.	28	132,357.
		29 Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
30 Capital stock or trust principal, or current funds			30		
31 Paid-in or capital surplus, or land, building, or equipment fund			31		
32 Retained earnings, endowment, accumulated income, or other funds			32		
33 Total net assets or fund balances.		657,560.	33	638,577.	
34 Total liabilities and net assets/fund balances.		657,560.	34	638,577.	

BAA

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12) **1** **522,994.**

2 Total expenses (must equal Part IX, column (A), line 25) **2** **541,977.**

3 Revenue less expenses. Subtract line 2 from line 1 **3** **-18,983.**

4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) **4** **657,560.**

5 Other changes in net assets or fund balances (explain in Schedule O) **5**

6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) **6** **638,577.**

1	522,994.
2	541,977.
3	-18,983.
4	657,560.
5	
6	638,577.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____

	Yes	No
1		
2a	X	
2b	X	
2c		X
3a		X
3b		

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

THE SERVICE CLUB OF CHICAGO

Employer identification number

36-6055873

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

BAA

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	227,211.	187,279.	354,034.	91,270.	86,316.	946,110.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	283,879.	272,538.	256,572.	534,649.	436,679.	1,784,317.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	511,090.	459,817.	610,606.	625,919.	522,995.	2,730,427.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	12,275.	30,125.	66,106.	0.	0.	108,506.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	70,000.	81,288.	280,890.	188,830.	621,008.
c Add lines 7a and 7b	12,275.	100,125.	147,394.	280,890.	188,830.	729,514.
8 Public support (Subtract line 7c from line 6)						2,000,913.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	511,090.	459,817.	610,606.	625,919.	522,995.	2,730,427.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,242.	28,207.	14,388.	14,388.	638.	78,863.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	21,242.	28,207.	14,388.	14,388.	638.	78,863.
11 Net income from unrelated business activities <i>not</i> included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				925.		925.
13 Total support. (Add lines 9, 10c, 11, and 12)						2,810,215.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	71.20 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	81.33 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	2.81 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	3.73 %
19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Other Income Part III, Line 12

Description: MICELLANEOUS REVENUE

2008: 925.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service
Name of the organization

OMB No. 1545-0047

2010**Open to Public
Inspection****THE SERVICE CLUB OF CHICAGO****36-6055873**

Employer identification number

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990. ► See separate instructions.

Part I: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II: Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs

e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes

No

Part IV | Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes

No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes

No

b If 'Yes,' explain the arrangement in Part XIV

Part V | Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI | Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

BAA

Schedule D (Form 990) 2010

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ►		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►		

Part IX Other Assets. (See Form 990, Part X, line 15)

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column(B), line 15) ►	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ►		

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	522,994.
2 Total expenses (Form 990, Part IX, column (A), line 25)	541,977.
3 Excess or (deficit) for the year Subtract line 2 from line 1	-18,983.
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net) Add lines 4 through 8	
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	-18,983.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	2a
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV.)	4b
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV.)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV.)	4b
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV. Supplemental Information (continued)

SCHEDULE I
(Form 990)

OMB No. 1545-0047
2010

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SERVICE CLUB OF CHICAGO

Part II General Information on Grants and Assistance

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

Open to Public Inspection

Employer identification number
36-6055873

Yes No

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.
Part III can be duplicated if additional space is needed ►

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1) ASPIRE --- 9901 DERBY LANE --- --- WESTCHESTER IL 60154 ---	99-9999999		6,887.				PHILANTHROPIC
2) AVENUES TO INDEPENDENCE --- 515 BUSSE HWY --- --- PARK RIDGE IL 60068 ---	99-9999999		12,928.				PHILANTHROPIC
3) BRIDGE COMMUNITIES --- --- 505 CRESCENT --- --- GLEN ELLYN IL 60137 ---	99-9999999		13,500.				PHILANTHROPIC
4) CENTER FOR COORDINATING A --- 7 S. 721 RTE 53 --- --- NAPERVILLE IL 60540 ---	99-9999999		5,949.				PHILANTHROPIC
5) CHICAGO ACADEMY FOR THE A --- 1010 W. CHICAGO --- --- CHICAGO IL 60185 ---	99-9999999		11,963.				PHILANTHROPIC
6) GARFIELD PARK CONSERVATOR --- 300 N. CENTRAL PARK --- --- CHICAGO IL 60131 ---	99-9999999		6,185.				PHILANTHROPIC
7) GILDA'S CLUB --- 537 N. WELLS --- --- CHICAGO IL 60614 ---	99-9999999		5,200.				PHILANTHROPIC
8) HARMONY, HOPE & HEALING --- 9757 S. SEELEY --- --- CHICAGO IL 60609 ---	99-9999999		5,724.				PHILANTHROPIC

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901 10/29/10

Schedule I (Form 990) 2010

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990, Part II and Part III).

2010

Name of the organization
THE SERVICE CLUB OF CHICAGO

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						Continuation Page 1 of 2	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>HORIZONS FOR YOUTH</u> <u>703 W. MONROE</u> <u>CHICAGO IL 60607</u>	99-9999999		6,472.				PHILANTHROPIC
<u>HUDSON ACADEMY FOUNDATION</u> <u>3646 W. 137TH STREET-REAR</u> <u>CHICAGO IL 60606</u>	99-9999999		21,000.				PHILANTHROPIC
<u>INSPIRATION CORPORATION</u> <u>4554 N. BROADWAY ST 207</u> <u>CHICAGO IL 60640</u>	99-9999999		12,546.				PHILANTHROPIC
<u>JAMAL PLACE NC</u> <u>734 S. SPRINGFIELD</u> <u>SPRINGFIELD IL 62703</u>	99-9999999		20,000.				PHILANTHROPIC
<u>JOFFREY BALLET</u> <u>10 EAST RANDOLPH STREET</u> <u>CHICAGO IL 60601</u>	99-9999999		9,000.				PHILANTHROPIC
<u>LEXINGTON COLLEGE</u> <u>310 S. PEORIA</u> <u>PEORIA IL 61607</u>	99-9999999		7,237.				PHILANTHROPIC
<u>SOUTH SUBURBAN HUMANE SOC</u> <u>1103 WEST END AVENUE</u> <u>CHICAGO IL 60411</u>	99-9999999		20,780.				PHILANTHROPIC
<u>SOUTHWEST CHICAGO PADS</u> <u>3121 W. 71ST STREET</u> <u>CHICAGO IL 60629</u>	99-9999999		7,288.				PHILANTHROPIC
<u>SUPPORT ADVOCATES FOR WOM</u> <u>1014 N. HAMILIN</u> <u>CHICAGO IL 60647</u>	99-9999999		26,125.				PHILANTHROPIC
<u>THE HAPPINESS CLUB</u> <u>4300 N. NARAGANSETT</u> <u>CHICAGO IL 60624</u>	99-9999999		15,000.				PHILANTHROPIC

Schedule I Cont (Form 990) 2010

TEEA4001 01/25/11

Employer identification number
36-6055873

Continuation Sheet for Schedule I (Form 990)

- Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2010

Name of the Organization

THE SERVICE CLUB OF CHICAGO

Part II. Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990, Part II.)

(a) Name and address of organization or government

Schedule I Cont (Form 990) 2010

TEEA4001 01/25/11

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► **Attach to Form 990 or 990-EZ.**

Name of the organization

Employer identification number

THE SERVICE CLUB OF CHICAGO

36-6055873

Pt VI-B, Line 11a THE BOARD REVIEWS THE FINANCIALS AND FEDERAL TAX RETURNS

Pt VI-B, Line 12c THE ORGANIZATION CONSISTS OF \$100 VOLUNTEERS, THE BOD CHECKS FOR CONFLICTS FOR GRANTS

Pt VI-B, Line 15 THERE ARE NO COMPENSATED WORKERS OR DIRECTORS

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990, Page 10, Line 24f All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<u>PROFESSIONAL FEES</u>	5,000.	0.	5,000.	0.
<u>OCCUPANCY</u>	25,549.	0.	25,549.	0.
<u>TELEPHONE</u>	1,800.	0.	1,800.	0.
<u>BENEFIT</u>	218,771.	0.	218,771.	0.

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box :

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part II: Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Part I Automatic 3-month Extension
If you are required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization THE SERVICE CLUB OF CHICAGO	Employer identification number 36-6055873
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P O box, see instructions 333 N. MICHIGAN AVE; #1325	City, town or post office, state, and ZIP code. For a foreign address, see instructions CHICAGO

Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sección 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► DIANE OLSEN

Teléfono No. ► (312) 220-9600

FAX No.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members
- the extension is for

1. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time

I request an automatic 3-month (6 months for a corp.) extension of time to file the exempt organization return for the organization named above.

until Aug 15, 2011, to file the excise tax return for:

► calendar year 20 10 or

APR 14 2011

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return
 Short tax year period

卷之三

Final return

<p>3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions</p>	<p>3a</p>	<p>\$ 0.</p>
<p>b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit</p>	<p>3b</p>	<p>\$ 0.</p>
<p>c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions</p>	<p>3c</p>	<p>\$ 0.</p>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for account instructions.

RAA For Paperwork Reduction Act Notice, see Instructions.

THE SERVICE CLUB OF CHICAGO

FINANCIAL STATEMENTS

DECEMBER 31, 2010 and 2009

THE SERVICE CLUB OF CHICAGO
FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

CONTENTS

	Report of Independent Auditors
Exhibit "A"	Statement of Assets and Net Assets – Cash Basis
Exhibit "B"	Consolidated Statement of Activities – Cash Basis
Exhibit "C"	Statement of Cash Flows
	Notes to the Statements
Schedule "1"	Schedule of Functional Expenses – Cash Basis for the year ended December 31, 2009
Schedule "2"	Schedule of Functional Expenses – Cash Basis for the year ended December 31, 2008

PRM, Ltd.
Certified Public Accountants
15 Spinning Wheel Road, Suite 415
Hinsdale, Illinois 60521
(630) 887-1262
Fax: (630) 887-1720

May 24, 2011

Board of Directors,
The Service Club of Chicago
Chicago, Illinois

Independent Auditors' Report

Dear Directors:

We have audited the accompanying statements of assets and net assets – cash basis of The Service Club of Chicago (a non-profit organization) as of December 31, 2010, and December 31, 2009 and the related consolidated statement of activities – cash basis and statement of cash flows for the years then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on the financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As described in Note B, these financial statements were prepared on the cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets and net assets of The Service Club of Chicago as of December 31, 2010, and December 31, 2009 and its activities and cash flows during the years then ended, on the basis of accounting described in Note B.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplementary schedules of functional expenses are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Respectfully,

PRM, Ltd.
Certified Public Accountants
Hinsdale, Illinois

The Service Club of Chicago
Statement of Assets and Net Assets-Cash Basis
For the Year Ended December 31, 2010 and 2009

Exhibit A

	<u>2010</u>	<u>2009</u>
<u>ASSETS</u>		
Current Assets		
Cash and Cash Equivalents		
	<u>\$ 638,577.00</u>	<u>\$ 657,560.83</u>
Current Assets		
<u>Net Assets</u>		
Net Assets		
Unrestricted	\$ 506,219.56	\$ 533,134.65
Temporarily Restricted	132,357.44	124,426.18
Total Net Assets	<u>\$ 638,577.00</u>	<u>\$ 657,560.83</u>

Exhibit B

The Service Club of Chicago
 Consolidated Statement of Activities- Cash Basis
 For the Year Ended December 31, 2010 and 2009

	2010			2009		
	Unrestricted		Temporarily Restricted	Unrestricted		Temporarily Restricted
						Totals
Support and Revenues						
Membership Dues	\$ 38,950.00	\$ 0.00	\$ 38,950.00	\$ 16,450.00	\$ 0.00	\$ 51,425.00
Donations and Memorials	17,730.00	0.00	17,730.00	18,375.00	0.00	3,180.00
Benefit Revenue	436,679.00	0.00	436,679.00	411,476.00	0.00	534,649.10
Interest Earned	638.43	0.00	638.43	3,178.38	0.00	14,388.13
Committee Revenues	3,230.00	0.00	3,230.00	0.00	0.00	3,085.00
Social Revenues	25,667.50	0.00	25,667.50	23,121.06	0.00	18,267.00
Miscellaneous Revenues	100.00	0.00	100.00	2,250.00	0.00	924.78
Net Assets Restricted	(366,165.90)	366,165.90	0.00	(283,062.00)	283,062.00	0.00
Grants Released From Restriction	845.61	(845.61)	0.00	8,010.65	(8,010.65)	0.00
Total Revenue	<u>157,674.64</u>	<u>365,320.29</u>	<u>522,994.93</u>	<u>199,799.09</u>	<u>275,051.35</u>	<u>625,919.01</u>
Expenses						
Philanthropic Grants	0.00	259,884.60	259,884.60	0.00	328,349.56	317,500.68
Management and General	63,321.69	0.00	63,321.69	64,266.50	0.00	58,825.77
Benefit Expense	218,770.57	0.00	218,770.57	163,942.27	0.00	174,885.99
Total Expenses	<u>282,092.26</u>	<u>259,884.60</u>	<u>541,976.86</u>	<u>228,208.77</u>	<u>328,349.56</u>	<u>551,212.44</u>
Increase (Decrease) in Unrestricted Net Assets	(124,417.62)	105,435.69	(18,981.93)	(28,409.68)	(53,298.21)	74,706.57
Net Assets						
Beginning of Year	<u>630,639.08</u>	<u>26,921.75</u>	<u>657,560.83</u>	<u>659,048.76</u>	<u>80,219.96</u>	<u>664,562.15</u>
End of Year	<u>\$ 506,221.46</u>	<u>\$ 132,357.44</u>	<u>\$ 638,578.90</u>	<u>\$ 630,639.08</u>	<u>\$ 26,921.75</u>	<u>\$ 657,560.83</u>

The accompanying Notes are an integral part of these Financial Statements.

The Service Club of Chicago
 Statement of Cash Flows
 For the Years Ended
 December 31, 2010 and 2009

Exhibit C

	<u>2010</u>	<u>2009</u>
Cash Flows from Operating Activities		
Membership Dues	\$ 38,950.00	\$ 16,450.00
Donations and Memorials	17,730.00	18,375.00
Benefit Revenue	436,679.00	411,476.00
Committee Revenues	3,230.00	-
Social Revenues	25,667.50	23,121.06
Adjustments	(847.51)	
Miscellaneous Revenues	100.00	2,250.00
Philanthropic Contributions	(259,884.60)	(328,349.56)
Management and General	(62,476.08)	(64,266.50)
Benefit Expense	(218,770.57)	(163,942.27)
Net Cash Provided by Operating Activities	<u>(19,622.26)</u>	<u>(84,886.27)</u>
Cash Flows from Investing Activities		
Interest	<u>638.43</u>	<u>3,178.38</u>
Net Cash Flows from Investing Activities	<u>638.43</u>	<u>3,178.38</u>
Cash Flows from Financing Activities		
	<u>0.00</u>	<u>0.00</u>
Net Increase (Decrease) in Cash	<u>(18,983.83)</u>	<u>(81,707.89)</u>
Cash at Beginning of Year	<u>657,560.83</u>	<u>739,268.72</u>
Cash at End of Year	<u><u>\$ 638,577.00</u></u>	<u><u>\$ 657,560.83</u></u>

The Service Club of Chicago
 Schedule of Functional Expenses - Cash Basis
 For the Year Ended December 31, 2010

Schedule 1

	<u>Supporting Services</u>			
	Program Services	Management & General	Benefits Services	Total
Philanthropic Contributions	\$ 259,884.60	\$ 0.00	\$ 0.00	\$ 259,884.60
Benefit Expenses	0.00	0.00	218,770.57	218,770.57
Bank Service Charges	0.00	521.50	0.00	521.50
Committee and Social Expenses	0.00	22,359.19	0.00	22,359.19
Insurance	0.00	3,176.00	0.00	3,176.00
Office Supplies and Expense	0.00	1,816.24	0.00	1,816.24
Printing	0.00	0.00	0.00	0.00
Professional Fees	0.00	5,000.00	0.00	5,000.00
Occupancy	0.00	25,549.82	0.00	25,549.82
Telephone	0.00	1,800.00	0.00	1,800.00
Miscellaneous	0.00	3,098.94	0.00	3,098.94
Total	<u>\$ 259,884.60</u>	<u>\$ 63,321.69</u>	<u>\$ 218,770.57</u>	<u>\$ 541,976.86</u>

The Service Club of Chicago
 Schedule of Functional Expenses - Cash Basis
 For the Year Ended December 31, 2009

Schedule 2

	<u>Supporting Services</u>				<u>Total</u>
	<u>Program Services</u>	<u>Management & General</u>	<u>Fund-Raising</u>		
Philanthropic Contributions	\$ 328,349.56	\$ 0.00	\$ 0.00	\$ 328,349.56	
Benefit Expenses	0.00	0.00	163,942.27	\$ 163,942.27	
Bank Service Charges	0.00	256.20	0.00	\$ 256.20	
Committee and Social Expenses	0.00	22,623.77	0.00	\$ 22,623.77	
Insurance	0.00	4,664.00	0.00	\$ 4,664.00	
Office Supplies and Expense	0.00	1,492.73	0.00	\$ 1,492.73	
Printing	0.00	0.00	0.00	\$ -	
Professional Fees	0.00	5,900.00	0.00	\$ 5,900.00	
Occupancy	0.00	22,112.56	0.00	\$ 22,112.56	
Telephone	0.00	1,423.05	0.00	\$ 1,423.05	
Miscellaneous	0.00	5,794.19	0.00	\$ 5,794.19	
Total	<u>\$ 328,349.56</u>	<u>\$ 64,266.50</u>	<u>\$ 163,942.27</u>	<u>\$ 556,558.33</u>	

Notes to Financial Statements

NOTE A: NATURE OF ACTIVITIES

The Service Club of Chicago receives revenues from contributions and one annual major fund-raiser, and renders financial assistance to recognized Chicago area charitable agencies.

NOTE B: SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The Service Club of Chicago's policy is to prepare its financial statements on the cash basis, which is an accounting basis other than generally accepted accounting principles. Under cash basis, revenues are recognized when received rather than when earned, and expenses are recognized when cash is disbursed rather than when the obligation is incurred. These statements also differ from generally accepted accounting principles relating to transactions involving office furniture and equipment and leasing of office space. Purchases (and donations received) of such furniture and equipment have been charged to expense in the year paid (or received) rather than being depreciated over the appropriate estimated useful lives. Rental payments for office space due under an operating lease are expensed when paid rather than being allocated over the lease term.

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB) in its Statement of Financial Accounting Standards (SFAS) No. 117, Financial Statements of Not-For-Profit Organizations. Under those provisions, net assets, revenues, expenses, gains and losses are classified based on the absence or existence and nature of donor-imposed restrictions as follows.

- 1) Unrestricted net assets – Net assets that are not subject to donor-imposed stipulations.
- 2) Temporary restricted net assets – Net assets subject to donor-imposed stipulations that can be fulfilled by actions of The Service Club of Chicago pursuant to those stipulations or that expire by the passage of time.

Cash and Cash equivalents

The Club considers all highly liquid debt instruments purchased with maturity of three months or less to be cash equivalents.

Contributed Services

There are no paid employees of The Service Club of Chicago as such a large number of people have contributed significant amounts of time to the activities of The Service Club of Chicago without compensation. The financial statements do not reflect the value of those contributed services.

NOTE C: TEMPORARILY RESTRICTED NET ASSETS.

The temporarily restricted assets of \$132,357.44 as of December 31, 2010 are as follows:

Philanthropic Contributions

At December 31, 2009 The Service Club of Chicago has authorized \$107,357.44 of philanthropic contributions.

Office/Condo

At December 31, 2008, 2009, and 2010 The Service Club of Chicago had \$25,000 of temporarily restricted net assets available for the building or purchase of an office/condo to be used for the offices of The Service Club of Chicago. As of the date of this report, The Service Club of Chicago is not actively pursuing the building or purchase of an office/condo. The same amount was restricted last year as well.

NOTE D: CONCENTRATIONS OF CREDIT RISK

The Service Club's cash accounts at times may exceed the amount insured by the FDIC, which is currently up to \$250,000. On May 20, 2009 the temporary increase in the SMDIA per depositor was extended through December 31, 2013. At December 31, 2010 The Service Club had approximately \$412,899 in cash exceeding the \$250,000 FDIC insured limits at one institution. The Service Club did have some of the cash balances in investment accounts.

NOTE E: INCOME TAXES

The Service Club of Chicago qualifies as an exempt organization under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

NOTE F: OBLIGATIONS

Rent

The Service Club of Chicago leases its office space under an operating lease agreement that expires on December 31, 2010. In addition to the minimum monthly base rent, the lease requires payment of electricity.

Rent expenses for the year ended December 31, 2009 and 2010 was \$25,348.75 and \$25,549.82 respectively.